

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

IA ETHICS AND
CAMPAIGN DISCLOSURE BD.

2009 APR 20 PM 1:18

COMMITTEE NAME (Must be same as on Statement of Organization)

Iowans for Kohlsdorf

IMPORTANT: Indicate by # type of committee you are reporting for: ☐ 1

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name
Eric Kohlsdorf


Political Party (if applicable)
Republican

Office Sought
State House of Representatives

District (if Senate or House)
61

FORM DR-2 (Rev. 07/2007)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	1802
Logged In	
Scanned	
Computer	WRS WRS
Audited	4-20-09

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a


SIGNATURE OF PERSON FILING REPORT

(515) 669-1721
TELEPHONE

4/20/09
DATE SIGNED

I AM FILING A January 20, 2009 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.
(report date) Indicate by # ☐

☒ CHECK IF AMENDMENT TO REPORT DATED Jan 20, 2009

☒ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in
which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

2,946.13

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

701.00

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

3,647.13

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

3,647.13

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

0.00

****UNPAID BILLS** (From Schedule D - Attach Schedule D)

***IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)

372.78

****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input checked="" type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Iowans for Kohlsdorf

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10-31-08	ID# CK#	Wells Fargo Des Moines IA	Bank Charges	\$ 21.20
12-1-08	ID# CK#	Wells Fargo Des Moines IA	Bank Charges	9.95
11-19-08	ID# CK#	Wells Fargo Des Moines IA	Reversal of Bank Charges	-42.40
10-30-08	ID# CK#	Edwards Graphics 2700 Bell Ave Des Moines IA 50321	Printing and postage for mailer	2400.00
10-31-08	ID# CK#	Eric Kohlsdorf 3703 SW 28th Pl Des Moines IA 50321	Printing and postage for mailer	1258.38
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 3647.13
TOTAL (if last page of this schedule)				\$ 3647.13

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

COMMITTEE NAME (Must be same as on Statement of Organization)

Iowans for Kohlsdorf

Reset Form

SCHEDULE

E

(Rev. 06/97)

IN-KIND
CONTRIBUTIONS☒ CHECK THIS BOX IF
AMENDING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
12-30-08	Eric Kohlsdorf 3703 SW 28th Pl Des Moines IA 50321	self	debt forgiveness	\$ 372.78	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL

\$ 372.78

TOTAL (if last
page of this
schedule)

\$ 372.78

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1
(for Schedule E)

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

IA ETHICS AND
CAMPAIGN DISCLOSURE BO.

2009 JAN 20 PM 4:19

HP

COMMITTEE NAME (Must be same as on Statement of Organization)

IOWANS for Kohlsdorf

IMPORTANT: Indicate by # type of committee you are reporting for:

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

Eric Kohlsdorf

Political Party (if applicable)

Republican

Office Sought

State House of Representatives

District (if Senate or House)

61

FORM

DR-2

(Rev. 12/2005)

DISCLOSURE

REPORT

For Office Use Only

Comm. #

1802

Logged In

S

Scanned

WKS

Computer

Audited

3-31-09

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code section 68B.32A(7) the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

SIGNATURE OF PERSON FILING REPORT

515-669-1721

TELEPHONE

12-20-09

DATE SIGNED

I AM FILING A January 20, 2009 REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR.

(report date)

☐ CHECK IF AMENDMENT TO REPORT DATED

See amended report

Indicate by # ☐

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 2,946.13

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

701.00

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

~~3,647.13~~ 2388.75

Schedule F: Loan Repayments total (Attach Schedule F)

1258.38

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

0

**UNPAID BILLS (From Schedule D - Attach Schedule D)

0

*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

372.78

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

372.78

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES ☒ NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$ NA

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

IOWANS for Kohlsdorf

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
10-29-08	ID# CK#	DAVID E. SCOTT / VICTORIA SCOTT 3723 SW 37 th St. Des Moines IA 50321	—	\$ 50.00	
10-31-08	ID# CK#	TODD FIGLEY 3820 SW 2 nd Ct. ANKENY IA 50023		200.00	
11-4-08	ID# CK#	JOSEPH E. TEELING 715 SOUTH FORK DR. WANKEE IA 50263-9581		250.00	
11-3-08	ID# CK#	STACY L. WANDERSCHIED 9325 ENFIELD DR. JOHNSTON IA 50131		101.00	
11-4-08	ID# CK#	TIM HAWKINS 3813 SW 2 nd Ct. ANKENY IA 50023		100.00	
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				

SUB-TOTAL

\$ 701.00

TOTAL (if last page of this schedule)

\$ 701.00

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page _____ of _____
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

IOWANS for Kohlsdorf

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
11-19-08	ID# CK#	WELLS FARGO DSM IA	Reversal of Bank charges	\$ +42.40
12-1-08	ID# CK#	WELLS FARGO DSM IA	Bank Charges	-9.95
10-30-08	ID# CK#	EDWARDS GRAPHICS 2700 BELL AVE DSM IA 50321	Printing / Postage	-2400.00
10-31-08	ID# CK#	WELLS FARGO DSM IA 50309	BANK CHARGE	-21.20
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			

SUB-TOTAL \$ 2388.75

TOTAL (if last page of this schedule) \$ 2388.75

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

lowans for Kohlsdorf

SCHEDULE E (Rev. 06/97)	IN KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
12/30/08	ERIC KOHLSDORF 3703 SW 28 th PL DES MOINES IA 50321	Self	Loan forgiveness	\$ 372.78	

SUB-TOTAL \$ 372.78

TOTAL (if last
page of this
schedule) \$ 372.78

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page _____ of _____
(for Schedule E)

SCHEDULE

F

(Rev. 02/08)

LOANS
RECEIVED
& REPAYED

COMMITTEE NAME (Must be same as on Statement of Organization)

LOWANS FOR KOHLSDOFF

☐ CHECK THIS BOX IF
AMENDING FORM

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 0**PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD**

(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN
10/31/08	ERIC KOHLSDOFF 3703 SW 28th PL DES MOINES IA 50321	Self	\$ 1631.16

TOTAL (PART I)

\$ 1631.16

PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD

(Loans forgiven must be reported on Schedule E - In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAYED
12/30/08	ERIC KOHLSDOFF 3703 SW 28th PL DES MOINES IA 50321	Self	\$ 1,258.38

TOTAL CASH REPAYMENTS (PART II)

\$ 1258.38

From Schedule E - TOTAL LOANS FORGIVEN

\$ 372.78

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD

\$ 0

*Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column when it applies.